



SAN DIEGO ETHICS COMMISSION

Formal Complaint Form

Please type or print legibly, and attach additional pages, if necessary.

Failure to complete all sections of this form may result in your complaint being handled as an Informal Complaint. [SDMC §§ 26.0421 (b)(1)]

The Commission does not have jurisdiction over offenses occurring before July 1, 2001.

Name of Complainant _____

Address _____

Home Phone (____) _____ **Work Phone** (____) _____

Respondent Information. Provide the name(s), title(s), department(s), and business address(es) and telephone number(s) of the person(s) or entity(ies) who committed the alleged violation(s).

Type of Allegation(s). Check the appropriate box(es) below indicating the type of allegation(s) stated in this complaint.

- ☐ **Violation of San Diego Election Campaign Control Ordinance**
(SDMC §§ 27.2901 - 27.2973)
- ☐ **Violation of San Diego Lobbying Ordinance** (SDMC §§ 27.4001 - 27.4028)
- ☐ **Violation of San Diego Ethics Ordinance** (SDMC §§ 27.3501 - 27.3595)
(For alleged violations occurring after May 29, 2002)

*If a complaint alleges that a City officer or employee engaged in some form of misconduct that does not violate any local governmental ethics law (e.g., "Fraud"), and that is not within the Commission's jurisdiction, the Commission may forward the complaint to the appropriate agency for review and possible discipline.

Description of Facts. Provide a specific description of the facts constituting the alleged violation(s), including dates or approximate dates.

Witness Information. Provide the name(s), business address(es) and telephone number(s) of person(s) you believe may have information that would assist the Commission in its evaluation of this complaint. Also, describe the information that you believe each of the persons listed can provide to support the allegations stated in this complaint.

Documentation. Attach copies of any documents in your possession that relate to the allegations stated in this complaint. In addition, indicate below whether there are other records, not in your possession, that you believe may assist the Commission in its evaluation of this complaint.

Additional Information. Provide any additional information that you believe may assist the Ethics Commission in its evaluation of this complaint.

Related Complaints. Have you made the same or similar allegations to another agency or court? If so, identify the agency or court and attach a copy of any complaint or other written description of the allegations submitted to that agency or court.

VERIFICATION**

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Executed _____ at _____
(date) (city and state)

(signature) (print name)

**Complaints need not be verified. However, please be advised that the Commission is not required to process or respond to unverified complaints. The commission will not process anonymous complaints.

Completed form should be returned to:

San Diego Ethics Commission
1010 Second Avenue, Suite 1530
San Diego, CA 92101